Rhode Island Certified Organic Farm Plan Questionnaire

Please fill out this questionnaire if you are requesting organic farm/crop certification. Use additional sheets if necessary. You must submit farm maps (if not on file) and field history sheets with this form. Attach all other supporting documents (soil, tissue or water tests, rented or recently purchased land histories, etc.). This form may be used for annual updates.

SECTION 1: G	eneral Informati	on					
Name			Farm		Тур	e of Farm/Crop	os .
Address				City	For	Office Use Or	nly
					Rec	eived	
State	Zip code			Date	<u> </u>		T
					Ente	ered	Initials
Phone		Fax E-mail			Lange	ti	
		E-maii			insp	ection	
-	Sole Proprietorship [ship (federal form 1065	Trust or n	on-prof er-speci				
	List previous organic			List current organic			omplete Organic Farm
	certification by other agencies			certification by other agencies		Plan Questio submitted	nnaire was last
	oducts requested for c	ertification.		outer agonolog		Capitilloa	
Have you ever bee		If yes, de	scribe t	the circumstances:			
certification?]yes □ no						
	ertify any of the follow ghter stock, dairy, or la						
	g,,,,	.,,,,,					
☐yes ☐ no If yes, you need to	off-farm or on-farm pro o complete an Organic on of Agriculture for an	Processing/	/Handlir	ng Plan and submit it with your g/Handling Plan.	Orgai	nic Farm Plan	Questionnaire. Please
Give directions to	your farm for the inspe	ector.					

Return this form to: RI DEM Division of Agriculture and Resource Marketing

235 Promenade Street Providence, RI 02908 Fax: (401) 222-2781

Email: matt.green@dem.ri.gov

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NOP Rule 205.201(a) and 205.202(a) and (b)

Please complete the table below and attach updated field history sheets that show all fields, [organic (O), in transition (T) or conventional (C)], field numbers, acres, crops planted, projected yields and inputs applied. The acreages listed in this table must equal field histories and maps. Pastures are considered a crop and must be listed on each form. At least 36 months of histories are required for all fields.

CROPS REQUESTED FOR C	ERTIFICATION	FIELD OR GREENHOUSE NUMBERS	тот	AL AREA PE	R CROP		OJECTED (IELDS
	all inputs applied for	ars?	ll newly	rented or	purchased	fields.	the previous
Complete this information	for main farm add	ress and each parcel that is in	ı a sepa	arate loca	tion from	the main fa	arm address.
FIELD OR GREENHOUSE NOS.		PARCEL ADDRESS/ LEGAL DESCRIPTION		NO.	ACRES ORGA ONAL/CONVI	ANIC/	RENTED (R)/ OWNED (O)

NOP Rule requires the use of organically grown seeds, unless the variety is not commercially available. If using nonorganic seeds, you must have records of your attempts to source organic seed. Synthetic seed treatments are prohibited unless included on the National List. Genetically engineered/modified (GMO) seeds and inoculants are prohibited in organic production. NOP Rule uses the phrase "excluded methods" to refer to GMO products. Please save all seed and inoculant labels, and documentation of commercial unavailability of organic seeds to show the inspector.

List all seeds used of fields. Check the app	or planned propriate bo	for use in the xes and provide	e current se de other info	ason, incl rmation as	luding seeds pl s needed. Attach	lanted previous n additional shee	Ily on proposed organic et if necessary.
☐ No seeds used	☐ All see	ds are organic	c □ So	me untrea	ted seed used	☐ No GMO	seeds purchased/planted
SEED/VARIETY/BRAND	ORGANIC ()	UNTREATED (✔)	TREATED (✓)	GMO (✔)	TYPE/BRAND C		WHAT ATTEMPTS DID YOU MAKE TO USE ORGANIC/UNTREATED SEED?

Annual seedlings managed organic Organic seedlings	must be produced acc ally for at least one ye s and planting stock m seedlings because of a	ear prior to harvest of crop on the crop of the crop o	NOP Rule 20 Non-organic perennial plants (planting stock) or sale of the plant as certified organic planting y available. Contact the certifying agent if you reatment may be used if such treatment is a Fe	must be ng stock. need to
A. DO YOU PURCI	HASE ORGANIC SEEDI	L INGS? □yes □ no	☐ Not applicab	le
Who are the suppl	liers?			
If certified, by whi	ch agents?			
Do you purchase seedlings.	non-organic seedlings′	?	e why and describe your attempts to purchase org	anic
B. IF YOU GROW	ORGANIC SEEDLINGS	ON-FARM:	☐ Not applicab	ole
What type and size	e are your greenhouse	(s)?		
, , , , , , , , , , , , , , , , , , ,		. ,		
Do you raise:				
pc	otted plants	crops planted in containe	rs or bags	
se	edlings	crops planted directly in t	he ground	
If treated wood is	used in any part of you	ır greenhouses, where is it u	sed?	
		ucts, foliar sprays, pest and HAVE LABELS AVAILABLE FOR INSF	disease inputs used or planned for use in your	organic
greeniiouse opera		STATUS: APPROVED (A)		CHECK
PRODUCT	BRAND NAME OR SOURCE	RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	IF GMO (✔)
What equipment d	lo you use in your wate	ering system?		
How do you preve	ent seedling diseases a	nd/or insect problems?		
y : a p. 500	and the second of the second o			

C. IF YOU GROW	BOTH ORGANIC AND	NON-ORG	ANIC PLAN	TS IN YOUR G	REENHOUSE:	☐ Not application	able
What organic and production).	d non-organic crops are	grown? l	_ist varieties	if the same org	ganic and non-orga	anic crops are grown (pa	ırallel
How do you sepa	arate and identify organ	ic and non	-organic gro	owing areas?			
How do you labe	l organic and non-orga	nic seedlin	gs/plants?				
List all soil mix in planned for use i	ngredients, fertility prod n your non-organic gre	lucts, folia enhouse o	r sprays, wa peration. A	ater system ad TTACH LABELS O	lditives, pest and R HAVE LABELS AVA	d disease inputs used o	or
PRODUCT	BRAND NAME OR SOURCE	RES	S: APPROVED (STRICTED (R) OHIBITED (P)		STRICTED, DESCRIBI NOP RULE ANN	E COMPLIANCE WITH	CHECK IF GMO (✔)
How do you prev	ent commingling of org	anic and n	on-organic	seeds and so	il mixes?		
Where do you sto	ore inputs used for non	-organic p	roduction?				
How do you prev	ent drift of prohibited m	naterials th	rough venti	lation and/or v	watering system	s?	
How do you clea	n seedling containers a	nd equipm	ent?				
D. PLANTING ST	OCK (SEED POTATOES	AND THE	LIKE): (Use	additional she	ets if necessary)	☐ Not appli	cable
TYPE	PLANTING STOCK SOURCE	CHECK IF ORGANIC	CHECK IF NON- ORGANIC	IF NON- ORGANIC, DATE PLANTED	IF NON- ORGANIC, EXPECTED HARVEST DATE	IF NON-ORGANIC, DES ATTEMPTS TO OBTAIN O PLANTING STOC	ORGANIC
						1	

NOP Rule 205.203 and 205.205

NOP Rule requires active management to build soil fertility, manage plant nutrients, protect natural resources, and prevent soil erosion. A diversified crop rotation is required. All fertility inputs must be approved. A "restricted" input refers to an approved material on the National List which has a specific annotation for its use (see NOP Rule 205.601(j)(1-8), (k) and 205.602(g) and (h). If you use a "restricted" material, you must provide evidence of how you address the material's annotation. Under NOP Rule 205.201(a)(3), the operator must monitor fertility practices and procedures to verify that the organic plan is effectively implemented.

Plant and animals materials (manure, compost, and uncomposted plant materials) must be managed so that they do not contribute to contamination of crops, soil, and water by plant nutrients, pathogenic organisms, heavy metals, or residues of prohibited substances.

prohibited substances	5.	water by plant nation	o, patrogerno er	jamomo, neavy metalo, or residues or
A. GENERAL INFORM	IATION			
What are your soil typ	es?			
What are your soil/nut	rient deficiencies?			☐ No deficiencies
☐ tissue testing ☐ other (specify) Attach copies of available	observation of soil ole test results.	observation of crop healt	h ☐ comparison	esting
-	of your fertility manage	_ ,	_	actory needs improvement
☐ crop rotation ☐ ☐ summer fallow ☐ ☐ foliar fertilizers ☐ List all fertility inputs	compost on-farm r biodynamic preparation	cover crops interplar manure off-farm mar s soil inoculants in the current season of	nure soil amen other (specify)	ation of crop residues subsoiling adments side dressing anic and transitional fields. All inputs neet.
PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R), PROHIBITED (P)	NUMBER OF APPLICATIONS PER YEAR	REASON/CONDITIONS FOR USE

If you use or plan to use restricted (R) fertility inputs, how do you comply with the "annotation"? Not applicable					
If you use fertilizers with high salt co	ntent (sodium nitrate, potassium sulfate, e	· · · · · · · · · · · · · · · · · · ·	at salt buildup? ot applicable		
Do you burn crop residues? ☐yes	no If yes, please describe what materia	als are burned and why.			
Do you apply sewage sludge to fields	? ☐yes ☐ no If yes, list fields where a	pplied.			
initial C:N ratio of between 25:1 and 4	03(c)(2) requires that compost containing to 10:1 and maintain temperatures between thing. Keep a compost production record to 15.	131ºfand 170ºF for a spe			
What composting method do you use What is your C:N ratio?	? ☐ in-vessel ☐ static aerated pile ☐] windrows $\ \square$ other (s	pecify)		
Do you monitor temperature? ☐ yes	☐ no If yes, what temperature is maint	ained?			
How long is this temperature maintain	ned?				
If compost is windrowed, how many t	imes are materials turned?				
List sources and amounts of off -farr	n produced compost to be used:				
crops not for human consumption or	3(c)(1) requires that raw manure must be incorporated into the soil 120 days prior to prior to harvest for all other crops for hu	to harvest for crops who	• •		
What forms of manure do you use?] none ☐ liquid ☐ semi-solid ☐ piled [☐ fully composted ☐ po	elleted		
other (specify)					
What type of crops do you grow (che	ck all that apply)?				
crops not used for human consum	nption				
crops for human consumption who	ose edible portion has direct contact with the	soil			
crops for human consumption who	ose edible portion does not have direct conta	ct with the soil			
If you grow crops for human consum fill out Section B above.	ption and use raw manure, complete the fo	ollowing table. If compo	sting manure, please		
CROPS (S)	FIELD NUMBERS	DATE MANURE IS APPLIED	EXPECTED DATE OF HARVEST		
			THULF EOI		
		I			

What is the source of the manure you use? ☐ on-farm ☐ off-farm
List all sources of off-farm manure.
List all manure ingredients/additives.
If you use off-farm sources of manure, what are the potential contaminants (pit additives, feed additives, heavy metals, etc.) from these sources? Attach residue analysis/additive specifications of off-farm manure if available.
D. NATURAL RESOURCES. NOP Rule 205.200 AND 205.203(a) requires that production practices must maintain or improve the natural resources of the operation, including soil and water quality. Practices must minimize erosion. Depending on certifying agent policy, water tests may be required for nitrate and coliform bacteria if water is used for washing/processing organic products or for organic livestock. Irrigation water should not contaminate organic crops with prohibited materials. Methods to conserve water usage should be part of the irrigation plan.
What conservation practices are used? ☐ terraces ☐ contour farming ☐ strip cropping ☐ under sowing/interplanting ☐ winter cover crops ☐ conservation tillage ☐ permanent waterways ☐ windbreaks ☐ firebreaks ☐ tree lines ☐ retention ponds ☐ riparian management ☐ maintain wildlife habitat ☐ other (specify)
What soil erosion problems do you experience (why and on which fields)?
Describe your efforts to minimize soil erosion problems listed above.
Describe how you monitor the effectiveness of your soil conservation program.
How often do you conduct conservation monitoring? ☐ weekly ☐ monthly ☐ annually ☐ as needed ☐ other (specify)
WATER USE: ☐ none ☐ irrigation ☐ livestock ☐ foliar sprays ☐ washing crops ☐ greenhouse ☐ other (specify)
Source of water: on-site well(s) river/creek/pond spring municipal/county irrigation district other (specify)
Name of municipal/irrigation district.
Attach current water tests for coliform bacteria and nitrates per certifying agent policy.
Type of irrigation system: none drip flood center pivot other (specify)
What input products are applied through the irrigation system?
What products do you use to clean irrigation lines/nozzles? ☐ none
Is the system shared with another operator? \square Yes \square No \square If yes, what products do they use?
Is the system flushed and documented between conventional and organic use? $\ \square$ Yes $\ \square$ No

W		
What practices are used to protect water quality? ☐ fencing livestock from waterways ☐ scheduled u ☐ laser leveling/land forming ☐ drip irrigation ☐		tensiometer/monitoring
List known contaminants in water supplies in your a	rea. Attach residue analysis and/or	salinity test results if available.
What water contamination problems do you experier	nce (why and where)?	
Describe your efforts to minimize water contamination	on problems listed above.	
Describe how you monitor the effectiveness of your	water quality program.	
How often do you conduct water quality monitoring? ☐ other (specify)	r	ally 🗌 as needed
SECTION 6: Crop Management		NOP Rule 205.205, 205.206
NOP Rule requires a crop rotation plan that maxi problems, and manages deficient or excess plant nu crops, and catch crops. Producers must utilize sanit pests. Cultural practices, including selection of plused to enhance crop health.	trients. Your crop rotation may in ation measures to remove diseas	nt, prevents weed, pest, and disease clude sod, cover crops, green manure e vectors, weed seeds, and habitat for
Approved synthetic materials on the National List 20 prevent or control problems. All weed, pest, and annotations for its use. If you use a "restricted" n annotation.	disease inputs must be approv	ed. A "restricted" input has specific
A. CROP ROTATION PLANS (use one line for each rotation)	ation used):	
CROP ROTATION PLANS (use one line for each rotation PLAN	ation used): FIELD NOS. WHERE PLAN IS FOLLOWED	ANTICIPATED CHANGES
CROP ROTATION	FIELD NOS. WHERE	
CROP ROTATION	FIELD NOS. WHERE	
CROP ROTATION	FIELD NOS. WHERE	
CROP ROTATION	FIELD NOS. WHERE	
CROP ROTATION	FIELD NOS. WHERE	
CROP ROTATION	FIELD NOS. WHERE	
CROP ROTATION	FIELD NOS. WHERE	
CROP ROTATION	FIELD NOS. WHERE	
CROP ROTATION	FIELD NOS. WHERE	

B. WEED MANAC	SEMENT PLAN:		☐ No weed pro	blems
What are your pr	oblem weeds?			
☐ crop rotation☐ soil sterilizat☐ mowing ☐	ion ☐ use of fast emerging var	rieties	☐ delayed seeding ☐ monitoring soil tempe Itivation ☐ use of hand tools ☐ hand weeding ☐ electrical ☐ smother crops ☐ black based herbicides ☐ other (specify)	ng
Do you keep a re weed a specific f		nese weed control meth	ods, i.e., dates and fields when you cultivate	or flame
All inputs used or Sheet.	intended for use during the curre	nt year and used in the p	revious three years must be listed on your Field I	History
· · · · · ·	or other synthetic mulches, is If no, why not?	the mulch removed at	the end of the growing or harvest season?	
If you use corn g	luten, is the corn genetically m	odified? □yes □ r	o If no, what verification do you have?	
If you use newsp	aper or other recycled paper fo	or mulch, do you use pa	per with glossy or colored inks? yes	no
			season on organic and transitional fields. All in ears must be listed on your Field History Sheet.	nputs
PEST PROBLEM	CONTROL PRODUCT	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (~)
Rate the effective What changes do	_	nt program: excelle	nt ☐ satisfactory ☐ needs improvement	
observation other (specif	itor the effectiveness of your wo of crop health ☐ comparison of iy) u conduct weed monitoring? ☐	crop yields records	s kept of observations/counts	

C. PEST MANAGEMENT PLAN:				lems
What are your problem pests?				
insects (list)				
☐ rodents ☐	gophers	nimals:		
Do you work with	n a pest control advisor? 🔲 y	es 🗌 no If yes, give na	ame and contact information.	
What strategies of	do you use to control pest dam	nage to crops?	□ None	
crop rotation	selection of plant species/	varieties	nt of habitat for natural enemies	anting
☐ companion	planting	t houses	s	
trap crops	physical barriers physical	cal removal	☐ lures ☐ IPM ☐ insect repellents	
☐ animal repe	ellents	parasites of pest species	use of approved products	
use of restri	cted products	f prohibited products	other (specify)	
Do you keep a re	cord of how often you utilize the	hese pest control metho	ods, i.e., dates when you scout or apply input	s to a
specific field or o	-	•		
-	=		eason on organic and transitional fields. All in	puts
used or intended f Not applicable	or use during the current year ar	nd in the previous three ye	ears must be listed on your Field History Sheet.	
□ Пот аррпсавте		STATUS: APPROVED (A)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP	CHECK
PEST PROBLEM	CONTROL PRODUCT	RESTRICTED (R) PROHIBITED (P)	RULE ANNOTATION	IF GMO (✔)
Pate the effective	anass of your past managemen	at program: avceller	nt satisfactory needs improvement	
		it program:	it	
what changes c	lo you anticipate?			
How do you mon	itor the effectiveness of your r	nest management progr	am? ☐ insect monitoring with trans	
How do you monitor the effectiveness of your pest management program? ☐ insect monitoring with traps ☐ observation of crop health ☐ comparison of crop yields ☐ crop quality testing ☐ monitoring records kept				
other (specify)				
Attach copies of y	our test results.			
How often do you	u conduct pest monitoring?	weekly monthly [annually as needed other (specify)	

D. DISEASE MANAGEMENT PLAN:			problems	
What are your problem crop diseases?				
What disease prevention strategies do you use? crop rotation field sanitation selection of plant species/varieties timing of planting/cultivating plant spacing vector management soil balancing solarization companion planting compost/tea use use of approved materials use of restricted materials limited use of prohibited materials other (specify)				
			organic and transitional fields/crops. All inputs must be listed on your Field History Sheet.	ts used or
			☐ Not applica	
DISEASE PROBLEM	CONTROL PRODUCT	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)
Rate the effective	eness of your disease manage	ment program:	ellent	t
What changes do	o you anticipate?			
How do you monitor the effectiveness of your disease management program? soil testing microbiological testing itssue testing observation of soil observation of crop health comparison of crop yields crop quality testing monitoring records kept other (specify) Attach copies of any test results.				
How often do you conduct disease monitoring? ☐ weekly ☐ monthly ☐ annually ☐ as needed ☐ other (specify)				

SECTION 7: Mair	ntenance of Organic	Integrity		NOP RULE 205.2	201(a)(5) and 205.202(c)
A. ADJOINING LAN	D USE:				
					to prevent the unintended adjoining land not under
organic manageme	nt. Adjoining land include	es cropland, pas	tures, residenti	ial property, fallow l	and, etc. Buffer areas may
					of the minimum buffer is nt in size or other features
(windbreaks, divers	sion ditches) to prevent the	e unintended co	ntact by prohib	ited substances app	lied to adjacent land areas. as non-certified crop, with
	p disposition. Indicate buf				
List specific buffer	areas you maintain: (Show	all adjoining land	d uses on your fie	eld maps.)	☐ Not applicable
LOCATION/FIELD NUMBERS	TYPE OF BUFFER (CROP LAND, TREELINE, HEDGEROW, WILDLIFE PLANTING, GRASS STRIP)	WIDTH OF BUFFER	ADJOINING LAND USE		D FROM BUFFER, DESCRIBE USE C LIVESTOCK FEED, SEED, ETC.)
•	ed from the buffer zones v	• •	sed for harvest	ting organic crops, w	/hat safeguards do you
What additional safe	eguards do you use to pre	vent accidental	contamination?	•	None
Written notification to	: highway departments	electric comp	anies 🗌 aeria	l spray companies/airp	ports
adjoining lando	wners	ssions	service office [other (specify)	
Have you posted sig	gns along roadsides that a	adjoin organic fie	elds? 🗌 yes 📋	no	
Do any fields or por	rtions of fields flood freque	ently (more than	once every ten	years)? ☐ yes ☐	no
If yes, list field number	ers.				
	er for crop contamination?		ation	ue analysis	testing photographs

How often do you conduct crop contamination monitoring? ☐ weekly ☐ monthly ☐ annually ☐ as needed

Do you grow the same crops organically, as well as in transition, and/or conventionally (parallel production)?

yes no If yes, list specific crop varieties in the next table for both organic and transitional/conventional crops.

other (specify)

If you grow any conventional or transitional crops, please fill out the following table.							
SPECIFIC CROPS/ VARIETIES	FIELD NUMBERS		ITIONAL (T) OR NTIONAL (C)	ORGANIC CROP VARIETY	CHECK IF GMO (~)	TOTAL ACREAGE	PLANNED USE OF CROP (SALE, SEED, NON-ORGANIC LIVESTOCK FEED, ETC.)
Prohibited soil amendr	ments used on co	onventio	nal crops:				
PRODUCT NAME	WHO AP SELF (S) CI			D NOS. WHERE APPLIED	(0		ERE STORED? F-FARM; WHERE ON FARM?)
Prohibited herbicides/	pesticides used o	n conve	ntional cro	ps:			
PRODUCT NAME	WHO AP SELF (S) CI			D NOS. WHERE APPLIED	(C		ERE STORED? F-FARM; WHERE ON FARM?)
of non-organic crops a and flushed prior to us	and prohibited ma se on organic fiel	aterials. ds or cro	Equipment pps. Keep re	used for both of equip	organic a ment clea	nd non-orgai	
List equipment used for	or planting, tillage	e, cultiva	tion, spray	ing, and harvest	ing.		☐ Not applicable
EQUIPMENT NAME	OWNED (O) RENTED (R), CUS	, TOM(C)		IF USED ON BOTH & CONVENTIONAL	ŀ		ENT CLEANED BEFORE USE RGANIC FIELDS?

Is your equipment maintained so that fuel, oil and hydraulic fluid do not leak? yes no Not applicable
If you use a sprayer:
What type? Did you purchase it new or used?
Other equipment: Could any equipment you use have been contaminated by previous uses? yes no
If yes, describe:
D. HARVEST: NOP RULE 205.272(b)(1) and (2) requires that containers, bins, and packaging materials must not contain synthetic fungicides, preservatives, or fumigants. All reusable containers must be thoroughly cleaned and pose no risk of contamination prior to use.
How are your organic crops harvested? ☐ mechanical ☐ by hand
Are any organic crops custom harvested? ☐ yes ☐ no If yes, provide name and address of custom harvester.
Describe steps taken to protect organic crops from commingling and contamination during harvest.
What containers are used for harvesting? ☐ gravity wagons/boxes ☐ truck boxes ☐ cardboard/waxed boxes
☐ wooden totes ☐ plastic containers ☐ other
Are containers new or used? ☐ new ☐ used If used, what did they contain prior to organic use?
Are the containers used for organic crops only? ☐ yes ☐ no
Describe potential contamination or commingling problems do you have with harvest of organic crops. None
E. POST-HARVEST HANDLING:
NOP Rule 205.201(a)(5) requires that post-harvest handling procedures do not contaminate organic products with non-organic crops or prohibited materials. For on-farm processing, you may need to complete an Organic Processing/Handling Plan Questionnaire.
Describe your post-harvest handling procedures and equipment:
Is the processing area and equipment used for both organic and non-organic products? — yes — no — If yes, describe steps taken to prevent commingling and contamination.
Does packaging present any contamination problems for your organic products? ☐ yes ☐ no If yes, what are they?
Check types of packaging material used: ☐ bulk ☐ paper ☐ cardboard ☐ wood ☐ glass ☐ metal ☐ foil ☐ plastic
□ waxed paper □ aseptic □ natural fiber □ synthetic fiber □ other (specify)
In what form are finished products shipped?
☐ foil bags ☐ metal drums ☐ mesh bags ☐ cardboard drums ☐ cardboard cases ☐ plastic crates
☐ other (specify)

	AGE: Operators must keep organic and nor nd contamination. Storage records must be i	•	separate stora	ge areas and prevent No organic crop storage
Describe your s	storage locations.			
STORAGE ID#	TYPE OF CROPS STORED	TYPE OF STORAGE	CAPACITY	ORGANIC (O), TRANSITIONAL (T), BUFFER (B, CONVENTIONAL (C))
Do you use the	same storage areas for organic, transitional,	buffer, and/or co	l nventional crop	os?
If yes, how do yo	u segregate organic crops from non-organic cro	ps?		
How do you cle	an storage units prior to storage of organic o	crops?		
How do you pre	vent/control insect pests in crop storage are	eas?		☐ No insect problems
How do you cor	ntrol rodents in crop storage areas?			☐ No rodent problems
synthetic fu	p inputs have you used in the last three year migants rodenticides sprouting inhibitorents waxes other (specify)		growth regula	□ None ators □ preservatives □ oils
Are any stored	crop inputs used or planned for use on orga	nic crops?	□ no if yes,	specify input and retain labels.
G. TRANSPORT	ATION:			☐ Not applicable
Who is respons	ible for arranging transportation of organic រុ	products:		
☐ self ☐ bu	yer			
Describe how o	rganic products are transported.			
What potential of	contamination or commingling problems do	you have with the	transport of or	ganic crops? None
What steps are	taken to protect the integrity of organic prod	ucts during trans	oort?	
dedicated o	organic only	to loading	ning transport ui	nits prior to loading
use of Clea	n Truck Affidavits	ort company stating	g organic require	ements

NOP Rule requires that records disclose all activities and transactions of the operation, be maintained for 5 years, and demonstrate compliance with the NOP Rule. Organic products must be tracked back to the field/location where they were produced/harvested. All records must be accessible to the inspector.

Whic	h of the following records do you keep for organic production?
	field maps
	field activity log(s)
	field history sheets (previous three years)
	documentation of previous land use for rented and/or newly purchased land
	input records for soil amendments, seeds, manure, foliar sprays and pest control products (keep all labels)
	documentation of attempts to source organic seeds and/or planting stock
	documentation of organic seedlings
	residue analyses of inputs (i.e., manure sourced off-farm)
	compost production records
	monitoring records (soil tests, tissue tests, water tests, quality tests, observational)
	equipment cleaning records
	harvest records that show field numbers, date of harvest and harvest amounts (including custom harvest records)
	labor records
	storage records that show storage location, storage identification, field numbers, amounts stored, and cleaning activities
	clean transport records
	sales records (purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal, etc.)
	shipping records (scale ticket, dump station ticket, bill of lading)
	Transaction Certificates
	audit control summary
	other (please specify)
Pleas	se have these records available for the inspector.
	long do you keep your records?
Whic	h of the following records do you keep for conventional production?
	field maps
	field history sheets
	input records
	harvest records
	other (specify)
Туре	of Marketing:
☐ fa	mers market 🔲 direct to retail 🔲 CSA/subscription service 🔲 wholesale 🔲 on-farm retail
☐ bu	lk commodities to processor ☐ contract to buyer ☐ other (specify)
If you	operate a CSA, attach a copy of your contract.
Do y	ou use or plan to use the USDA organic seal on product labels or market information? yes no
Do v	ou use or plan to use the seal of the certifying agent on product labels or market information? yes no
_	
Attac	h copies of all organic product labels.

SECTION 9: Affirmation I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to follow the NOP Rule. Signature of Operator _____ Date___ I have attached the following documents: ☐ Maps of all parcels/fields (showing adjoining land use and field identification) ☐ Field history sheets Documentation for fields owned or rented for less than three years, if applicable ☐ Soil and/or plant tissue tests, if applicable ☐ Residue analyses, if applicable Input product labels, if applicable ☐ Organic product labels, if applicable ☐ CSA contract, if applicable ☐ I have made copies of this questionnaire and other supporting documents for my own records.